

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-8609100

FILING DATE

APPLICANTS

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9	1					
10		1				
11	1					
12		1				
13		1				
14		1				
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	14					
TOTAL CLAIMS	17					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						